

ADP HIPAA

COUNTY AND PROVIDER OUTREACH WORKSHOP

PRIVACY RULE PRESENTATION

2002

I. Background of Health Information Privacy

Where have these records been all of this time?

Why are we protecting them now?

How will this benefit our clients?

II. Exploration of the HIPAA Privacy Regulation

Yes, someone in your organization MUST READ the Regulation.

Do you have the right version? August 14, 2002!!

Find ways to sustain interest:

- Write margin notes
- Use the Find function to go to sections relevant to areas of concern
- Read together with others
- Look up issue-related sections when questions arise
- Read allied information on Listservs and reference the Regulation

III. Presentation of CalOHI HIPAA Privacy Implementation Schedule

1. **Mapping of PHI** - Map Protected Health Information (PHI).
2. **Gap Analysis** - Perform Gap Analysis to find the difference between what you are doing now and what HIPAA Privacy requires.
3. **Remediation** - Identify the processes you will use to remedy the difference between what you do and what you must now do for HIPAA.
4. **Preemption** – Ask you legal counsel to identify State and local laws that relate to the changes you need to take to comply with HIPAA.

5. **Business Associate** – With your legal counsel's advice, identify your HIPAA Business Associates.
6. **Staffing** – Identify your workforce who are impacted by HIPAA Privacy including your Privacy Officer and your Complaint Contact Person.
7. **Notice of Privacy Practices** – Develop and distribute to your clients a HIPAA Privacy-compliant Notice.
8. **Documentation of Policies and Procedures** – Develop, implement, and maintain your HIPAA Privacy policies and procedures.
9. **Access** – Develop, implement and maintain a process to allow individuals access to inspect, amend or copy their medical records according to the HIPAA Privacy Regulation.
10. **Disclosure** – Develop, implement and maintain a process for disclosure of individuals' medical records with provisions of minimum necessary limitation on disclosures.
11. **Research with PHI** – Develop, implement, and maintain a process that will allow the HIPAA-permitted uses and disclosures for research.

IV. **Work with Your Legal Counsel**

Do your homework:

- Read the Regulation
- Report your Gap Analysis to your legal counsel
- List your planned remediation for your legal counsel
- List your business associates for your legal counsel
- Present samples of all documents you plan to use with emphasis such as your Notice and your Authorization Form to your legal counsel

Go early - Give your legal counsel sufficient time to help you.

V. **Comparison of the HIPAA Privacy Regulation with the HIPAA Security Regulation.**

The provisions of the HIPAA Privacy Regulation are written to closely coordinate with the soon-to-be released HIPAA Security Regulation—expected December 27, 2002.

There are three specific points of coordination:

The Privacy Regulation says:

Standard: Safeguards. A covered entity must have in place appropriate **administrative, technical, and physical** safeguards to protect the privacy of protected health information. 45 Code of Federal Regulation (C.F.R.) Section 164.530(c)(1).

The proposed Security Regulation says:

Administrative procedures to guard data integrity, confidentiality and availability. 45 C.F.R. Section 142.308(a)

Physical safeguards to guard data integrity, confidentiality, and availability. 45 C.F.R. Section 142.308(b).

Technical security services to guard data integrity, confidentiality, and availability. 45 C.F.R. Section 142.308(c)

As you are planning for HIPAA Privacy compliance, to the extent possible, include security considerations.